Participant ID :	
Cohort: Paquid / 3C / AMI	
Date of the interview:	
Intervie	ewer: from 1 to 20
Respon	ident : Participant from a cohort / third person / nursing home staff
Refuse	s:
Date of	f birth :
If the p	articipant cannot be interviewed mark the reason:
•	Hospitalization
•	Hearing problems
•	Severe cognitive impairment
•	Refuse
•	Death
0	If yes, date of death:
0	Place:
?	Nursing home
?	Hospital
?	Domicile
0	City or name of the nursing home:
0	Cause:
•	Other:
_	in the questionnaire, while you think of the current pandemic, and the situation that you sonally experiencing, what are the three first words that come to your mind?
1st word	
2nd word	
3rd word	

Living conditions during the lockdown period

1.	During this lockdown period, are you living in your usual domicile: yes / no
If not, v	why?
•	Not to be alone
•	To live in a nicer environment / comfort (countryside, sea, garden)
•	To feel safer
•	Be closer to shops / commerce
•	Better medical services in case of disease
•	Someone else took the decision for me
•	Other:
2.	In the place that you are currently living, do you have access to a:
•	A garden: yes / no
•	A hallway: yes / no
•	A balcony/terrace: yes /no
3.	Are you living:
•	In a nursing home:
•	In a foster home:
0	If living in a foster home, how many other older persons are living in the house:
•	Home:
0	If yes
?	Alone:
?	With partner / spouse :
?	With one or more other family members:
?	Other persons :
•	In total, how many persons are living on the domicile? :
•	Are children present? yes / no
•	Company animals / pets : yes / no

•	Domiciliary nursing services: yes / no
•	Domiciliary support services: yes / no
•	Meal delivery service: yes / no
•	Other professional service / other service: yes / no
5. experie	Up to this point of the lockdown period what are the principal difficulties that you have enced? (Open question)
•	Commodity supply
•	Social isolation
•	Being bored
•	Worrying about people dear to the
•	Worrying about themselves
•	Worrying about the country
•	Being in lockdown
•	None
•	Other:
Questi	on concerning coping
6.	At your own manner, in what way do you face the current situation? What do you do?
Anxiety	y and depression
7.	STAI scale, 10 items
	No Rather not Rather yes yes
Have y	ou felt tense, uptight
Have y	ou felt calm, good about yourself

During the confinement have you had access to?

4.

Have you felt moved, upset, aanoyed
Have you felt happy
Have you felt comfortable (do you feel good)
Have you felt nervous, irritable
Have you felt relaxed
Have you felt satisfied
Have you felt worried, concerned
Have you felt to not know where you stand anymore, disconcerted, confused
8. During the last week,
Have you felt sad?
• Never ; very rarely • ocassionaly • regularly • frequently ; all of the time
Have you felt depressed?
• Never ; very rarely • ocassionaly • regularly • frequently ; all of the time
Have you felt lonely?
• Never ; very rarely • ocassionaly • regularly • frequently ; all of the time
Health conditions during the lockdown period
9. Since the beginning of the lockdown, you would say that your health status has been:
Very good
Good
Regular
Bad
Very Bad
10. Have you had symptoms related to COVID-19? yes / no

11. Have you been diagnosed with COVID-19 (with a confirma	atory test) ? yes / no
12. Does a person close to you has been diagnosed with COVI yes / no	ID-19 (with a confirmatory test)?
13. Since the lockdown, have you had a medical problem (oth the advice of a health care professional? yes / no	ner than COVID-19) that required
14. If yes, which professional? :	
o Attending physician: yes / no	
o if yes, did he respond to your demand: rather yes / rather	r not
• Specialist : yes / no	
o if yes, did he respond to your demand: rather yes / rather	not
• SOS médecin (emergency home service): yes / no	
o If yes, did he respond to your demand: rather yes / rather	not
Paramedics: yes / no	
o If yes, did he respond to your demand: rather yes / rather	not
Nursing service : yes / no	
o If yes, did he respond to your demand: rather yes / rather	not
Pharmacist: oui / non	
o If yes, did he respond to your demand: rather yes / rather	not
• Other:	
15. ADL	
Bath: (wash, basin, bath, shower)	
0 ☐ Does not need help.	
1 \square Needs help for one part of the body (back or legs or feet).	
$2\square$ Needs help for bathing or diverse parts of the body / or in	npossible.
Dressing: (Takes clothing from the closet or drawers , including un buttons and zipper)	nderwear and outerwear; uses
0 □ Does not need help.	

1 🗆	Needs help only to tie shoes.
2 🗆	Needs help getting dressed or remains partially or completely undressed.
Going t	to the toilet: (To urinate or defecate, wiping and get dressed)
0 🗆	Does not need help (possible help to go to the toilet: cane, wheelchair, uses the basin).
1 🗆	Needs help.
2 🗆	Does not go to the toilet
Transfe	ers:
0 □ use a s	Does not need assistance getting in and out of bed, sitting or standing from a chair (may upport such as a cane or walker)
1 🗆	Needs help
2 🗆	Does not leave the bed.
Contin	ence:
0 🗆	Complete control of urine and stool.
1 🗆	Occasional accidents
2 🗆	Total incontinence, need for catheterization or permanent monitoring.
Feedin	g:
0 🗆	Does not need help
1 🗆	Needs help cutting meat or buttering bread.
2 🗆	Full assistance or artificial feeding.
16.	IADL
Ability	to use the phone:
1 🗆	I use the phone on my own initiative, search and dial numbers etc
2 🗆	I dial a few well-known numbers.

3 🗆	I answer the phone but do not call.
4 🗆	Unable to use the phone.
Shoppii	ng
1 🗆	I do all my shopping independently.
2 🗆	I only do small purchases on my own.
3 🗆	I need to be accompanied
4 🗆	Unable to shop.
Transpo	ort
1 🗆	I can travel alone and independently (by public transport, or with my own car).
2 🗆	I can travel alone by cab, not by bus.
3 🗆	I can take public transportation if I am accompanied.
4 □	Transportation limited to cab or car, accompanied.
5 🗆 U	nable to use any transport
Medica	tion:
1 🗆	I take care of the medicines myself: dosage and schedule.
2 🗆	I can take them on my own, if they are prepared and dosed in advance
3 🗆	Unable to take them by myself
Budget	•
1 🗆	I am totally autonomous (managing the budget, writing checks, paying bills).
2 □ plan fo	I manage day-to-day expenses, but I need help managing my budget in the long term (to r big expenses).
3 □ I aı	m unable to manage the money needed to pay my expenses on a daily basis.

Health conditions before the COVID-19 crisis	
Do you have any significant health problems? such as	
Diabetes yes / no	
Hypertension yes / no	
Ischemic heart disease yes/no	
Stroke yes / no	
Cancer yes / no	
Chronic Lung disease yes / no	
Other chronic disease :	
17. Have you had the flu in the last 6 months? yes / no	
18. Have you had any other viral illnesses?	
19. Vaccination related behaviors	
20. Have you been vaccinated against the flu this year? yes / no	
21. If a vaccine against COVID-19 were already available, would you like to receive it? yes without hesitation / maybe but not yet / no I don't trust / no I don't feel the need	
Social support and use of digital tools	
Since the lockdown, have the government services of your village / commune / city contacted you to ask how you are doing? yes / no	
How many days after the lockdown began?	
Did this phone call reassure you? yes / no	
Did this phone call bring you useful information in the current situation? yes / no	
 Did it result in the implementation of a specific service (e.g. meal delivery)? yes / no 	

Doubt about the reliability of ADL – IADL responses : yes / no

22.

Telephonic contact

- Thinking about the past week (last 7 days), approximately how many phone calls have you received (excluding home professionals)? ____ (NUMBER)
- From a family member: yes / no

For what reason (open-ended question, but for this first question, read the possible answers as examples) (several answers possible): to check up on you / to distract you / to solve a particular problem, to do a service / to remind you of instructions / other

Do you currently receive more, less, or the same number of calls from them as usual? more calls / less calls / same as usual

• From a friend: yes / no

For what reason (open-ended question, but for this first question, read the possible answers as examples) (several answers possible): to check up on you / to distract you / to solve a particular problem, to do a service / to remind you of instructions / other

Do you currently receive more, less, or the same number of calls from them as usual? more calls / less calls / same as usual

From a neighbor : yes / no

For what reason (open-ended question, but for this first question, read the possible answers as examples) (several answers possible): to check up on you / to distract you / to solve a particular problem, to do a service / to remind you of instructions / other

Do you currently receive more, less, or the same number of calls from them as usual? more calls / less calls / same as usual

22.2 Thinking of the past week (7 days), approximately how many phone calls have you made (excluding home-based professionals)? (NUMBER

Family member: yes / no

For what reason (open-ended question, but for this first question, read the possible answers as examples) (several answers possible): same options

Do you currently make more, less, or the same number of calls compared to the usual? more calls / less calls / same as usual

Friend: yes / no

For what reason (open-ended question, but for this first question, read the possible answers as examples) (several answers possible): same options

Do you currently make more, less, or the same number of calls compared to the usual? more calls / less calls / same as usual

• Neighbor: yes / no

For what reason (open-ended question, but for this first question, read the possible answers as examples) (several answers possible): same options

Do you currently make more, less, or the same number of calls compared to the usual? more calls / less calls / same as usual

23.	Physical contact
Still ref	erring to the past week (last 7 days), how many visits did you receive?
•	From a family member
•	From a friend:
•	From a neighbor:
•	Professional or domiciliary service:
•	Volunteer:
	ly (outside of this crisis period), approximately how many visits do you receive (all visits ned) per week?
24.	Leaving your home
Since th / no	ne confinement, have you gone out of your home to run errands (food or pharmacy)? yes
If yes, h	now many times:
Usually	, how many times a week do you go out for shopping?
25. zoom, (Have you used other means, digital tools to communicate with your loved ones (skype, or other, any type of call with simultaneous vision of the person)? yes / no
If yes :	
How m	any times during the week:
Do the	se calls help you through this crisis? yes / no
Compa	red to "traditional" phone calls, did they help you? More / Less / As much
If not :	
ln your	opinion, would such tools help?
lf you a	inswered "no" :

26. Overall, do you feel supported during this period? yes / no	
Knowledge and representations of the pandemic	
27. To your knowledge / understanding, what are the symptoms of COVID-19?	
(Potential symptoms: Fever, Cough and sore throat, Headache, Fatigue, Aches and pains, Respiratory discomfort, Loss of taste/smell, diarrhea)	
Number of correct symptoms (0-8):	
Number of other symptoms:	
28. For whom do you think this pandemic may have serious consequences?	
• Everyone	
• Babies	
• Children	
Young adults	
• Adults	
Pregnant women	
• Older persons	
• Persons with diseases	
• Animals	
• Others:	
29. Why do you think the pandemic has grown and continues to grow?	

Number of realistic causes cited (e.g., globalization of trade, failure to comply with isolation

Number of unrealistic causes cited (e.g., conspiracy theory, divine cause...): ___

30. Do you think the epidemic will last? Yes / No

orders, poor country preparedness for the crisis...): ___

31. Could the pandemic impose consequences for you? no consequences / minor consequences / serious – severe consequences 32. Could the pandemic impose consequences for your loved ones no consequences / minor consequences / serious – severe consequences 33. How do you keep yourself informed of the current situation? State possible answers, multiple answers possible. Television: yes / no Radio: yes / no Printed media: yes / no Internet: yes / no People around you : yes / no I do not keep myself informed: yes / no 34. Overall, do you feel that the information you have is clear and sufficient? 35. Are you aware of the Ministry of Health's recommendations to fight the pandemic at the collective level? Yes / No 36. What are these official recommendations? Open-ended question; the aim is to check whether there is a good knowledge and understanding of: Physical measures: rather yes (if at least 2 barrier actions cited) / rather no / not cited Social distancing: rather yes / rather no / not cited Lockdown measures: rather yes / rather no / not cited 37. Do you think these measures are appropriate?

Do you think that applying these measures will protect you from the pandemic? rather yes

38.

/ rather no

rather	no / rather yes
40. able	Do you feel able to implement these measures? not at all able / somewhat able / quite
41.	Specifically;
Do you	find the physical measures difficult to apply? rather yes / rather no
Do you	find social distancing difficult to apply? rather yes / rather no
Do you	find containment difficult to apply for you? rather yes / rather no
42. implem	If yes to at least one of the 3 questions 41. What makes these measures difficult for you to nent? (open-ended question)
	In general, do you think that there are other actions or other types of help than those ed today by the town halls, the health professionals, which would allow older people, to live this situation? Yes / no
44.	If yes, which :

Do your relatives or people around you think that you should respect the measures?

39.